Greenwich Animal ControlAdoption Application

	Date
Name	
Address Cit	у
State Zip Telephone (_)
Do you live in a (circle one): Single family home	Duplex Condo Apt Other
2. If you rent, does your landlord allow pets?	
Landlord NameLa	ndlord Telephone ()
3. Are you employed?	
Employer Name E	mployer Telephone ()
4. Number of children at home age	es
5. Do you presently have a dog?	
6. Do you presently have a cat?	
7. Do you have any other animals? What kind?	
8. Are your current pets spayed and neutered?	
9. Do you have a veterinarian?	
Veterinarian Name	Veterinarian Telephone()
10. What kind of pet are you looking for?	
11. Is this pet a gift for someone?	
12. For what purpose are you seeking this pet?	
13. Will you be spaying or neutering your pet?	
14. How will your pet be kept under control when outsi	ide? (circle one)
Fenced yard Cable run Walked on lea	sh Other
15. Where will this pet be kept?	
16. Will there be someone at home to care for the pet	during the day?
17. Have you discussed getting a pet with other members of your household?	
18. In the future, if you need to move, what will you do	with your pet?
40. Are you willing to posticing to with your get in the	ionac training if deemed be refining
19. Are you willing to participate with your pet in obedience training if deemed beneficial?	
20. Are you aware of the state laws regarding rabies vaccination and town licensing of dogs?	
21. What is your estimated cost of owning a pet for each year? \$	